Department of

## **WORKFORCES**ervices

P.O. Box 2981 Little Rock, AR 72203-2981 Telephone (501) 682-3798

STATUS Report To Determine Liability Under The Arkansas Employment Security Law

			IDEI	NTIFICATI								
ACCOUNT NUMBER ASSIGN	NED BY DW	S (IF ANY)			2. FEDI	ERAL EMPLC	YER I.D. NUMB	ER				
3. TYPE OF OWNERSHIP (CHI	ECK ONE)			1. 🖵 0	Corporat	ion	1a. 🖵 LLC		2. [	☐ Part	nership	
3. Individual (Sole Pro	prietor)	4. 🖵 Profession	nal Associ	ation 5. 🖵 L	imited F	Partnership	6. 🖵 Esta	te	7.	State	e Agency	
8.  Political Subdivision		9. 🖵 Trust		10. 🖵 L								
IF THE TYPE OF BUSINESS IS	A CORPOR	ATION/LLC ENTER	R THE COF	RPORATE NAME	IN ITEM	4 BELOW.						
4. NAME 5. MAILING ADDRESS												
CITY				STATE	ZIP CODE PHON			PHONE NUM	NUMBER )			
6. ENTER THE NAME (OR FIRE	M NAME) AN	ID BUSINESS ADD	DRESS WH	IERE PAYROLL R	ECORD	S ARE KEPT	(IF DIFFERENT	FROM ITEM #	#5).			
NAME					MAILIN	G ADDRESS						
CITY				STATE	ZIP CODE			PHONE NUMBER				
					(			( )	)			
If the type of ownership	is an indiv	vidual or partne	ership, er	nter the name(	s) and	social sec	urity number(	s) as appli	cable belov	w, or if	the type of	
ownership is a corporat	on/LLC, c	complete the in		n for two office								
7. Owners Or Corporate Officers			SUCIAL S	ECURITY NUMBER	JRITY NUMBER   TITLE   RESIDENCE ADDR			DRESS, CITY	DRESS, CITY, STATE, ZIP			
Attach Additional Sheet If Necessary												
8. Business PHYSICAL TRADE NAME				STREET ADDRE	SS, CIT	ITY, ZIP, COUNTY			TELEPHONE NO.		No. of Employees	
In Arkansas REQUIRED												
Attach Additional												
Sheet If Necessary												
9. IF YOUR BUSINESS ORIGINAL CORPORATE NAME, IF DIFFERENT THAN ABOVE IS A CORPORATION/ LLC, ENTER:												
			OUNT NUMBER (IF KNOWN)			DATE OF ACQUISITION:			MONTH	DAY	YEAR	
IN ARKANSAS WAS ACQUIRED	NAME OF	PREVIOUS OWN			ADDRESS		<b>&gt;</b> >	CITY		STATE		
FROM ANOTHER LEGAL ENTITY												
WHAT PORTION OF THIS  ACCOUNT WAS ACQUIRED? (CHECK (ONE)  ALL.  PART(SPECIFY PERCENTAGE)												
			EM	PLOYMEN	T SE	CTION						
11. ENTER THE DATE YOU BE IN SOME PART OF TEN DA					E OR M	ORE EMPLO	YEES	<b>&gt;</b> >	MONTH	DAY	YEAR	
<sup>11a.</sup> ENTER THE DATE YOU F								<b>&gt;</b> >				
12. IF YOUR ACCOUNT HAS BEEN INACTIVE: SOMEONE IN ARKANS			UR ORGANIZATION RESUMED EMPLOYING				<b>&gt;</b> >					
13. IF YOU ARE EXEMPT FROM FEDERAL INCOME TAXES UNDER INTERNAL REVENUE CODE OF 1954 SECTION 501 (C)(3), ATTAC						), ATTACH						
A COPY OF YOUR EX	EMPTIO								NTRIBUT	ORY		
0	14			USEHOLD					·	*** \		
<u> </u>		f you have don				•	·	-			VEAD	
14. ENTER THE ENDING DATE OF THE FIRST CALENDAR QUARTER IN WHICH YOU PAID GROSS WAGES OF \$1,000 OR MORE TO EMPLOYEES PERFORMING DOMESTIC SERVICE:						YEAR						
			R	EPORTING	SEC	TION						
DWS ENCOURA	GES A	LL EMPLO	YERS	TO REGI	STEF	R AND F	ILE ONI II	NE AT.	www.ar	-tax	ora	

15. ARE YOU AN AGRICULTURAL EMPLOYER? (FARM OR RANCH)	AG	RICULTURE EMP	LOYMEN	IT SECTION	J						
16. ENTER THE ENDING DATE OF THE TWENTIETH WEEK IN WHICH YOU HAD AT LEAST TEN EMPLOY.  EES IN ARKANSAS PERFORMING AGRICULTURAL LABOR:  **POOL OF THE FIRST CALENDAR QUARTER IN WHICH TOTAL WAGES OF \$20.000.00 OR MORE WERE PAID FOR AGRICULTURAL LABOR:  **VOLUNTARY ELECTION SECTION**  10. IF YOU ARE NOT LABLE UNDER A COMPULSORY PROVISION OF THE ARKANSAS EMPLOYMENT SECURITY LAW, AND WISH TO VOLUNTARY ELECTION SECTION*  10. IF YOU ARE NOT LABLE UNDER A COMPULSORY PROVISION OF THE ARKANSAS EMPLOYMENT SECURITY LAW, AND WISH TO VOLUNTARY ELECTION SECTION*  11. IF YOU ARE NOT LIBER DO FYOUR EMPLOYEES; CHECK HERE ☐ ☐, AND ENTER THE YEAR YOU WISH LIBBILITY TO BEGIN:  AT THE END OF TWO (2) YEARS FROM THIS DATE, OR AT THE END OF ANY SUBSCOURNT CALENDARY YEAR, YOU MAY WITHDRAW THIS ELECTION BY FILING A WRITTEN REQUEST.  YOU WILL BE NOTIFIED OF THIS DETERMINATION IN WRITING.  **NATURE OF BUSINESS SECTION**  10. DESCRIBE FULLY THE NATURE OF YOUR BUSINESS SIN ARKANSAS AND LIST THE PRINCIPLE PRODUCTS IN ORDER OF IMPORTANCE:  **PORTANCE**  11. CROSS PROVISION OF THE PROPERTY BUSINESS SECTION**  12. DESCRIBE FULLY THE NATURE OF YOUR BUSINESS SECTION**  13. DESCRIBE FULLY THE NATURE OF YOUR BUSINESS IN ARKANSAS AND LIST THE PRINCIPLE PRODUCTS IN ORDER OF IMPORTANCE:  14. CROSS PROVISION OF THE PROPERTY BUSINESS SECTION**  15. DESCRIBE FULLY THE NATURE OF YOUR BUSINESS IN ARKANSAS AND LIST THE PRINCIPLE PROPUGATION.  16. CROSS PROVISION OF THE PROPUGATION OF THE PROPERTY BUSINESS IN ARKANSAS AND LIST THE PRINCIPLE PROPUGATION.  17. CROSS PROVISION OF THE PROPUGATION	15.						. 📮 YES	S 🖵 NO			
SECOND. OR MORE WERE PAID FOR AGRICULTURAL LABOR:  VOLUNTARILY ELECT COVERAGE FOR YOUR EMPLOYEES; CHECK HERE ARANSAS EMPLOYMENT SECURITY LAW, AND WISH TO VOLUNTARILY ELECT COVERAGE FOR YOUR EMPLOYEES; CHECK HERE ARANSAS EMPLOYMENT SECURITY LAW, AND WISH TO VOLUNTARILY ELECT COVERAGE FOR YOUR EMPLOYEES; CHECK HERE ARANSAS EMPLOYMENT SECURITY LAW, AND WISH TO BEGIN:  AT THE END OF TWO (2) YEARS FROM THIS DATE, OR AT THE END OF ANY SUBSEQUENT CALENDARY YEAR, YOU MAY WITHDRAW THIS DATE, OR AT THE END OF ANY SUBSEQUENT CALENDARY YEAR, YOU MAY WITHDRAW THIS ELECTION BY FILING A WRITTEN REQUEST.  YOU WILL BE NOTIFIED OF THIS DETERMINATION IN WRITING.  NATURE OF BUSINESS SECTION  DESCRIBE FULLY THE NATURE OF YOUR BUSINESS SECTION  DESCRIBE FULL	16. ENTER THE ENDING DATE OF THE TWEN	TIETH WEEK IN WHIC	H WEEK IN WHICH YOU HAD AT LEAST TEN EMPLOY- MONT					YEAR			
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TO VOLUNTARILY ELECT COVERAGE FOR YOUR EMPLOYEES; CHECK HERE   AT THE END OF TWO (2) YEARS FROM THIS DATE, OR AT THE END OF ANY SUBSEQUENT CALENDAR YEAR, YOU WAY WITHDRAW THIS ELECTION BY FILING A WRITTEN REQUEST.  YOU WILL BE NOTHED OF THIS DETERMINATION IN WRITING.  NATURE OF BUSINESS SECTION  10. DESCRIBE FULLY THE NATURE OF YOUR BUSINESS SECTION  10. DESCRIBE FULLY THE NATURE OF YOUR BUSINESS SECTION  10. DESCRIBE FULLY THE NATURE OF YOUR BUSINESS SECTION  10. DESCRIBE FULLY THE NATURE OF WORR BUSINESS SECTION  10. DESCRIBE FULLY THE NATURE OF WORR BUSINESS SECTION  10. DESCRIBE FULLY THE NATURE OF YOUR BUSINESS SECTION  10. DESCRIBE FULLY THE NATURE OF WORR BUSINESS SECTION  10. DESCRIBE		<b>VOLUNTARY ELE</b>	CTION S	SECTION							
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CALENDAR YEAR, YOU MAY WITHDRAW THIS ELECTION BY FILING A WRITTEN REQUEST.  YOU WILL BE NOTIFIED OF THIS DETERMINATION IN WRITTING.  NATURE OF BUSINESS SECTION  DESCRIBE FULLY THE NATURE OF YOUR BUSINESS IN ARKANSAS AND LIST THE PRINCIPAL PRODUCTS IN ORDER OF IMPORTANCE:  CODE SHORT TITLE  111 Agricultural formatily, and Hunting 112 - Asimal Production 113 - First Hunting, and Tengons 114 - First Hunting, and Tengons 115 - Surgeon Services for Agricultura and Forestry 116 - Surgeon Services for Agricultura and Forestry 117 - Surgeon Services for Agricultura and Forestry 118 - First Hunting, and Tengons 119 - Surgeon Services for Agricultura and Forestry 119 - Surgeon Services for Agricultura and Forestry 110 - Surgeon Services for Agricultura and Forestry 110 - Surgeon Services for Agricultura and Forestry 110 - Surgeon Services for Agricultura and Forestry 111 - First Hunting, and Tengons 112 - Surgeon Services for Agricultura and Forestry 115 - Surgeon Services for Agricultura and Forestry 116 - Surgeon Services for Agricultura and Forestry 117 - Surgeon Services for Agricultura and Forestry 118 - Surgeon Services for Agricultura and Forestry 119 - Surgeon Services for Agricultura and Forestry 110 - Surgeon Services for Agricultura and Forestry 110 - Surgeon Services for Agricultura and Forestry 110 - Surgeon Services for Agricultura and Forestry 111 - Surgeon Services for Agricultura and Forestry 111 - First Hunting, and Technology of Services for Agricultural and Forestry 111 - Surgeon Forestry 112 - Surgeon Agricultural and Forestry 113 - Surgeon Forestry 114 - Agricultural Agricultural and Forestry 115 - Surgeon Forestry 116 - Surgeon Forestry 117 - Agricultural Agricultural and Forestry 117 - Agricultural Agricultural Agricultural and Forestry 118 - Surgeon Forestry 119 - Agricultural Agricultura		R YOUR EMPLOYEES;	CHECK H	ERE 🗖, AND	ENTER THE YE	AR YOU V	VISH LIA	BILITY			
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DESCRIBE FULLY THE NATURE OF YOUR BUSINESS IN ARKANSAS AND LIST THE PRINCIPAL PRODUCTS IN ORDER OF IMPORTANCE:    Cook	YOU WILL				RITING.						
DESCRIBE FULLY THE NATURE OF YOUR BUSINESS IN ARKANSA AND LIST THE PRINCIPAL PRODUCTS IN ORDER OF IMPORTANCE:  ONE SHOPT TILE  1 Agricultural, Forestry, and Hunting 111 - Forestry and Logging 112 - Forestry and Logging 113 - Forestry and Logging 114 - First Production 115 - Forestry and Logging 116 - Forestry and Logging 117 - Forestry and Logging 118 - Forestry and Logging 119 - Forestry and Log	19.	NATURE OF BUS	INESS S	ECTION							
PRINCIPAL PRODUCTS IN ORDER OF IM- PORTANCE:  CODE SHORT TITLE  11 Agricultural, Forestry, and Hunting 111 - Cross Production 113 - Forestry and Logary 114 - State Production 115 - Forestry and Logary 116 - Forestry and Logary 117 - Cross Production 118 - Forestry and Logary 119 - Forestry and Logary 11	DESCRIBE FULLY THE NATURE OF YOU										
CODE SHORT TITLE  11 Agricultural, Forestry, and Hunting 11 - Cross Production 11 - Cros	PRINCIPAL PRODUCTS IN ORDER OF IM-										
111. Agricultural, Forestry, and Hunting 112. Avining Production 113. August Production 114. Avining Production 115. Support Services for Agriculture and Forestry 115. Support Services for Agriculture and Forestry 115. Support Services for Agriculture and Forestry 116. Support Services for Agriculture and Forestry 117. Support Services for Agriculture and Forestry 117. Support Services for Agriculture and Forestry 118. Support Services for Agriculture and Forestry 119. Support Services for Services 120. Construction 120. Construction 121. Support Services 122. Venture for Services 123. New York Services 123. New York Services 123. Support Services 124. Support Services 125. Support Services 126. Construction 127. New York Services 127. Support Services 128. Support Services 129. Support Ser	PORTANCE:	<b>&gt;</b>									
SIGNATURE SECTION  20. I HEREBY CERTIFY THAT THE PRECEDING INFORMATION IS TRUE AND CORRECT, AND THAT I AM AUTHORIZED TO EXECUTE THIS STATUS REPORT ON BEHALF OF THE EMPLOYING UNIT NAMED HEREIN.  (AUTHORIZED SIGNATURES: OWNER, OFFICER, PARTNER OR AUTHORIZED AGENT PER POWER OF ATTORNEY. IF APPLICABLE, PLEASE ATTACH COPY OF POWER OF ATTORNEY.)  SIGNED BY:  TITLE:	11 Agricultural, Forestry, and Hunting 111 - Crops Production 112 - Animal Production 113 - Forestry and Logging 114 - Fish, Hunting, and Trapping 115 - Support Services for Agriculture and Forestry 21 Mining 211 - Oil and Gas Extraction 212 - Mining (except Oil and Gas) 22 Utilities 23 Construction 236 - Construction of Buildings 237 - Heavy and Civil Engineering Construction 238 - Specialty Trade Contractors 31-33 Manufacturing 311 - Food Manufacturing 312 - Beverage and Tobacco Product Manufacturing 313 - Textile Mills 314 - Textile Product Mills 315 - Apparel Manufacturing 316 - Leather and Allied Product Manufacturing 321 - Wood Product Manufacturing 322 - Paper Manufacturing 323 - Primary Melated Support Activities 324 - Petroleum and Coal Products Manufacturing 325 - Chemical Manufacturing 326 - Plastics and Rubber Product Manufacturing 327 - Nonmetallic Mineral Product Manufacturing 337 - Primary Metal Manufacturing 337 - Nonmetallic Mineral Product Manufacturing 338 - Primary Metal Manufacturing 339 - Machinery Manufacturing 330 - Fabricated Metal Product Manufacturing 331 - Electrical Equipment, Appliance, and Component Manufacturing 336 - Transportation Equipment Manufacturing 337 - Furniture and Related Product Manufacturing 338 - Miscellaneous Manufacturing 339 - Miscellaneous Manufacturing 340 - Merchant Wholesalers, Durable Goods 425 - Wholesale Frade 427 - Whorehant Wholesalers, Durable Goods	441 - Motor Vechicle and Parts 442 - Furniture and Home Furn 443 - Electronic and Appliance 444 - Building Material and Gar 445 - Food and Beverage Stor 446 - Health and Personal Car 447 - Gasoline Stations 448 - Clothing and Clothing Ac 451 - Sporting Goods, Hobby, I 452 - General Merchandise Stat 453 - Miscellaneous Store Ret 454 - Nonstore Retailers 454 - Nonstore Retailers 48-49 Transportation 481 - Air Transportation 482 - Rail Transportation 483 - Water Transportation 485 - Transit and Ground Pass 486 - Pipeline Transportation 487 - Scenic and Sightseeing J 488 - Support Activities for Tra 491 - Postal Service 492 - Couriers and Messenger 493 - Warehousing and Storag 51 Information 511 - Publishing Industries (ex 512 - Motion Picture and Soun 515 - Broadcasting (except inte 516 - Internet Publishing and B 517 - Telecommunications 518 - Internet Service Provider 519 - Other Information Service 52 Finance and Insurance 521 - Monetary Authorities - Ce 522 - Credit Intermediation and 523 - Securities, Commodity C Investments and Relate 524 - Insurance Carriers and R 525 - Funds, Trusts, and Other 531 - Real Estate	- Motor Vechicle and Parts Dealers P- Furniture and Home Furnishings Stores P- Electronic and Appliance Stores Building Material and Garden Equipment and Supplies Dealers Food and Beverage Stores Gasoline Stations Clothing and Clothing Accessories Stores Clothing and Clothing Accessories Inscellaneous Store Retailers Inscellaneous Store Retailers Inscellaneous Store Retailers Inscellaneous Store Retailers Insportation Ari Transportation Ari Transportation Ari Transportation Truck Transportation Truck Transportation Truck Transportation Truck Transportation Truck Transportation Complete Activities for Transportation Pipeline Transportation Postal Service Couriers and Messengers Warehousing and Storage Information Publishing Industries (except internet) Motion Picture and Sound Recording Industries Broadcasting (except internet) Internet Publishing and Broadcasting Telecommunications Internet Service Providers, Web Search Portals, and Data Processing Services Other Information Services Monetary Authorities - Central Bank Correctif Intermediation and Related Activities Securities, Commodity Contracts, and Other Financial Investments and Related Activities Funds, Trusts, and Other Financial Vehicles Real Estate and Rental and Leasing				533 - Lessors of Nonfinancial Intangible Assets (except Copyrighted Works)  54 Professional, Scientific, and Technical Services 541 - Professional, Scientific, and Technical Services 555 Management of Companies and Enterprises 551 - Management of Companies and Enterprises 552 - Management of Companies and Enterprises 563 - Administrative and Support and Waste Management and Remediation Services 561 - Administrative Support Services 562 - Waste Management and Remediation Services 61 - Educational Services 621 - Educational Services 622 - Health Care and Social Assistance 623 - Nursing and Residential Care Facilities 624 - Social Assistance 71 - Arts, Entertainment, and Recreation 711 - Performing Arts, Spectator Sports, and Related Industries 72 - Accommodation 73 - Amusement, Gambling, and Recreational Industries 74 - Accommodation 752 - Food Services and Drinking Places 754 - Accommodation 755 - Food Services and Drinking Places 756 - Food Services and Drinking Places 757 - Accommodation 758 - Personal and Laundry Services 759 - Personal and Laundry Services 750 - Personal and Laundry Services 750 - Personal and Laundry Services 751 - Repair and Maintenance 752 - Personal and Laundry Services 753 - Religious, Grantmaking, Civic, Professional, and Similar Organizations 759 - Public Administration 750 - Public Administration 751 - Executive, Legislative, and Other General Government Support 752 - Justice, Public Order, and Safety Activities 753 - Administration of Human Resource Programs 754 - Administration of Human Resource Programs 755 - Administration of Human Resource Programs 756 - Administration of Housing Programs, Urban Planning 757 - Space Research and Technology				
SIGNATURE SECTION  20. I HEREBY CERTIFY THAT THE PRECEDING INFORMATION IS TRUE AND CORRECT, AND THAT I AM AUTHORIZED TO EXECUTE THIS STATUS REPORT ON BEHALF OF THE EMPLOYING UNIT NAMED HEREIN.  (AUTHORIZED SIGNATURES: OWNER, OFFICER, PARTNER OR AUTHORIZED AGENT PER POWER OF ATTORNEY. IF APPLICABLE, PLEASE ATTACH COPY OF POWER OF ATTORNEY.)  SIGNED BY:  TITLE:	AGENCI					E Type F					
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	THEREBY CERTIFY THAT THE PRECEDING THIS STATUS REPORT ON BEHALF OF TH (AUTHORIZED SIGNATURES: OWNER, O	IE EMPLOYING UNIT I FFICER, PARTNER OI	NAMED HE	REIN.							
CONTACT E-MAIL ADDRESS: FAX NO.: TELEPHONE: DATE:	SIGNED BY:		TITLE:								
	CONTACT E-MAIL ADDRESS:	FAX NO.:		TELEPHONE:		DATE:					